

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000024877

1. Entity Name

AMERICAN SHIELD, INC.

FILED

Jan 30, 2001 8:00 am  
Secretary of State

01-30-2001 90217 041 \*\*\*150.00

Principal Place of Business

1172 RAINTREE LN  
WEST PALM BEACH FL 33414

Mailing Address

1172 RAINTREE LN  
WEST PALM BEACH FL 33414

**CHANGE**

**CHANGE**

2. Principal Place of Business

1202 RAINTREE LA.

3. Mailing Address

1202 RAINTREE LA.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
WELLINGTON, FLA.

City & State  
WELLINGTON, FLA.

4. FEI Number 65-0575640

Applied For  
Not Applicable

Zip Country  
33414 PALM BEACH

Zip Country  
33414 PALM BEACH

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMMACK, DALE  
1172 RAINTREE LANE  
WEST PALM BEACH FL 33414

**CHANGE**

7. Name and Address of New Registered Agent

Name JOANNE JOST

Street Address (P.O. Box Number is Not Acceptable)  
1202 RAINTREE LANE

City WELLINGTON, FL Zip Code 33414

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Joanne Jost* JOANNE JOST (PRESIDENT/DIRECTOR) 1/22/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elect to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete  
NAME HAMMACK, DALE S  
STREET ADDRESS 1172 RAINTREE LN  
CITY-ST-ZIP WEST PALM BEACH FL 33414

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME JOST, JOANNE  
STREET ADDRESS 1202 RAINTREE LN  
CITY-ST-ZIP WEST PALM BEACH FL 33414

TITLE PRESIDENT/DIRECTOR ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME HAMMACK, MARIANNE  
STREET ADDRESS 1172 RAINTREE LN  
CITY-ST-ZIP WEST PALM BEACH FL 33414

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joanne Jost* JOANNE JOST 1/22/01 561-790-7552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)